NEA Valuebuilder® Program

Security Benefit®

Salary Reduction Agreement

Attn: NEA Valuebuilder Program - Future, Select and Multi-Flex

Please type or print in black ink. Questions? Call our National Service Center at 1-800-NEA-VALU.

Instructions

Use this form to set up contributions to your account from your paycheck. Please check with your employer to verify that this agreement meets your employer's requirements. You must complete all sections that apply.

Please type or print.

1. Provide General Account Information

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Contract/Account Number

_____
Plan Number or Name (Applicable to Employer Retirement Plans only)

_____ _____ _____
Name of Owner/Participant
(First) (MI) (Last)

_____
Mailing Address (Street Address)

_____ _____ _____
City State Zip Code

___ ___ ___ ___ ___ ___ ___ ___ ___
Social Security Number/Tax I.D. Number

___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___
Daytime Phone Number

___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___
Home Phone Number

2. Salary Reduction Agreement

Complete this section to set up or change contributions to your 403(b) Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code. Verify with your Employer availability of Roth 403(b) contributions.

❑ Deduct from my salary (select all that apply):

- ❑ Pre-Tax Qualified Contribution
  $_____ or % _____ per pay period.
- ❑ After-Tax Roth Contribution
  $_____ or % _____ per pay period.

❑ Catch-up Amount

- ❑ Pre-Tax Qualified Contribution – Age 50
  $_____
- ❑ After-Tax Roth Contribution – Age 50
  $_____
- ❑ Pre-Tax Qualified Contribution – 15-Years Service
  $_____
- ❑ After-Tax Roth Contribution – 15-Years Service
  $_____

Total $_____ or % _____ per pay period.

2. Salary Reduction Agreement (continued)

❑ Please stop my contributions to:

_____
Current Provider

❑ I choose not to contribute at this time.

3. Provide Signatures

This Salary Reduction Agreement is irrevocable with respect to amounts earned while it is in effect and applies only to amounts earned after the agreement becomes effective.

This Salary Reduction Agreement will continue until amended or terminated.

The Employee agrees that the Employer shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of a provider, or the solvency of the operation of, or benefits provided by, said provider.

IN WITNESS THEREOF, this agreement has been executed by the parties hereto

this _____ day of _____, 20___.

X_____ _____
Signature of Owner/Participant Date (mm/dd/yyyy)

X_____ _____
Signature of Employer Date (mm/dd/yyyy)

_____
Employer Contact Title

X_____ _____
Signature of Representative (optional) Date (mm/dd/yyyy)

_____
Print Name of Representative

For employer use only:

The Employer agrees to reduce the Employee's compensation by the amount listed, and to pay this amount to:

Security Benefit
P.O. Box 750500
Topeka, KS 66675-0500

Security Benefit, Reinsurer for Nationwide Life Insurance Company
Mail to: Security Benefit • PO Box 750497 • Topeka, Kansas 66675-0497 or Fax to: 1-785-438-5177
Also visit us online at neamb.com